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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,305	04/23/2007	Jan Weiler	4-33410A	2248
NOVARTIS INSTITUTES FOR BIOMEDICAL RESEARCH, INC. 400 TECHNOLOGY SQUARE			EXAMINER	
			LIU, SUE XU	
CAMBRIDGE, MA 02139			ART UNIT	PAPER NUMBER
			1639	
			MAIL DATE	DELIVERY MODE
			01/06/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

2) applicant's representative

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Applicant's representative was informed that no response was filed and the instant application is ABNed.</u>

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

e) No.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Type: a) ☐ Telephonic b) ☐ Video Conference

Exhibit shown or demonstration conducted: d) Yes

If Yes, brief description: _____.

Identification of prior art discussed: _____.

Claim(s) discussed: All.

c) Personal [copy given to: 1) applicant

/Sue Liu/
Patent Examiner, AU 1639
Examiner's signature, if required